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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE2837
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

40

Application Number	09/801,201 - Conf. No. 4024
Filing Date	03/07/2001
First Named Inventor	John L. Lautzenhiser
Art Unit	2837
Examiner Name	William L. Bangachon
Attorney Docket Number	212-02US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form- in duplicate	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment and Response to Requirement for Restriction, 25 pages, 1 copy,	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Declaration Under 37 CFR 1.63 PTO/SB/01, 2 pages, 1 copy.	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request Three months - Feb 19 to May 19, 2007	<input type="checkbox"/> Change of Correspondence Address	OTHER ENCLOSURES:
<input type="checkbox"/> page, 2 copies, 1 copy	<input type="checkbox"/> Terminal Disclaimer	- Patent Application Fee Determination Record, PTO/SB/06, 1 page, 1 copy;
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	- Processing Fee Under 37 CFR 1.17(i) Transmittal, PTO/SB/17, for paper filed Under 37 CFR 1.48(a), 1 page, 2 copies;
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	- Request Under 37 CFR 1.48(e) for Correction of Inventorship, 2 pages, 1 copy;
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	- Request and Declaration Under 37 CFR 1.48(a), signed by Lloyd L. Lautzenhiser, 1 page, 1 copy;
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	- Request for Correction of Inventorship Under 37 CFR 1.48(a), signed by John L. Lautzenhiser, 1 page, 1 copy;
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		- Permission of Assignee to Change Inventorship Under 37 CFR 1.48(e), signed by John L. Lautzenhiser, 1 page, 1 copy;
		- Return Postcard.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Wendell E. Miller, Patent Agent		
Signature			
Printed name	Wendell E. Miller		
Date	May 19, 2007	Reg. No.	26,572

CERTIFICATE OF MAILING BY EXPRESS MAIL NO. "ER 545 095 069 US"

I hereby certify that this correspondence is being mailed with the United States Postal Service as "EXPRESS MAIL Post Office to Addressee" service under 37 CFR 1.10, in an express mail envelope addressed to: MS AMENDMENT - Commissioner for Patents - P.O. Box 1450 Alexandria, VA 22313-1450, on May 19, 2007.

Signature	
Typed or printed name	Wendell E. Miller
Date	May 19, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2007 (H.R. 4818).

FEET TRANSMITTAL For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 65

Complete if Known

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First Named Inventor	John L. Lautzenhisler
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Art Unit	2837
Attorney Docket No.	212-02LUS

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 13-3404 Deposit Account Name: Wendell E. Miller

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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FEES CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	-0-
Design	200	100	100	50	130	65	-0-
Plant	200	100	300	150	160	80	-0-
Reissue	300	150	500	250	600	300	-0-
Provisional	200	100	0	0	0	0	-0-

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	= -0-				
HP = highest number of total claims paid for, if greater than 20.						

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	= -0-				

HP = highest number of independent claims paid for, if greater than 3.

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	= -0-	

4. OTHER FEE(S)	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	-0-
Other (e.g., late filing surcharge): Fee Code 2051	65

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 26,572	Telephone (574) 267-2729
Name (Print/Type)	Wendell E. Miller	Date May 19, 2007	

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